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Bib Data Sheet

CONFIRMATION NO. 1487

SERIAL NUMBER 09/977,502	FILING DATE 10/15/2001 RULE	CLASS 712	GROUP ART UNIT 2183	ATTORNEY DOCKET NO. BER6209P0012US
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**APPLICANTS**

Steven E. Berkheimer, Libertyville, IL;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLN CLAIMS BENEFIT OF 60/240,179 10/13/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
**\*\* 11/14/2001**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL	9	28	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

Wood, Phillips, Katz, Clark & Mortimer  
Citicorp Center, Suite 3800  
500 West Madison Street  
Chicago ,IL 60661-2511

**TITLE**

System and method for archiving and outputting documents or graphical items

<b>FILING FEE RECEIVED</b> 507	<p>FEES: Authority has been given in Paper  No. _____ to charge/credit DEPOSIT ACCOUNT  No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 1487

SERIAL NUMBER 09/977,502	FILING OR 371(c) DATE 10/15/2001 RULE	CLASS 707	GROUP ART UNIT 2171	ATTORNEY DOCKET NO. BER6209P0012US
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**APPLICANTS**

Steven E. Berkheimer, Libertyville, IL;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/240,179 10/13/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 11/14/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
IL	9	28	3

**ADDRESS**

32116

**TITLE**

System and method for archiving and outputting documents or graphical items

FILING FEE RECEIVED 507	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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